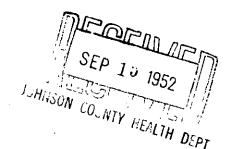
S. No.300	THE DIVISION OF HEALTH OF MISSOURI				
, 10.48	STANDARD CERTIFICATE OF DEATH State File No				
	BIRTH NO.	_ REG. DIST. NO/ 6 +	PRIMARY REG. DIST.	но. <u>303 г.</u> Regis	irar's No. 125
4.0	I. PLACE OF DEATH		2. USUAL RESIDE	NCE (Where deceased li-	red. If institution: residence before
51	a. county ohnson			souri b. cou	Johnson de Johnson
11	O. C.I.I. (If outside corporate limits, write RURAL and give C. LENGIH UP		C. CITY (If outside corporate limits, write BURAL and give township) OR		
ĕ	Town Warrensburg,		TOWN Warrer	nsburg, Mis	souri 0572
RECORD	d. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION Warrengh)	ustitution, give street address or location) urg Medical Centi	d. STREET ADDRESS	S.Maguire	8+
ğ.	3. NAME OF B. (First) DECEASED	b. (Middle)	c. (Last)		
	DECEASED (Type or Print) Jessie	Bell Spiess,	,—,	OF SE	(Month) (Day) (Year) pt.IIth.I952
EN	5. SEX 6. COLOR OR RACE	1.7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	1 9. AGE (In year	IF UNDER I YEAR IF UNDER M HRS.
A N	Female White,	WIDOWED, DIVORCED (Specify)	Aug. 26th		Months Days Hours Min.
3	10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State o	r (oreign country)	12. CITIZEN OF WHAT
PERMANENT	done during most of working life, even if retired) House wife	Self' DUSTRY	Johnson County, Missouri		ouri Country A.
. 4	13a. FATHER'S NAME	136. MOTHER'S MAIDEN	–	14. NAME OF HUSBAN	· -
•	Archibald T.Stewart			U.William	
МАКЕ	15. WAS DECEASED EVER IN U.S. ARMED F	ORCES? 16. SOCIAL SECURITY		SIGNATURE OR N	-
-W.	no no	Inone		Stewart Whi	te, Warrensburg.
INK—	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)			hoy	INTERVAL BETWEEN ONSET AND DEATH
BLACK	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica-	had ale	_ selve	5 yran.	
ž	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS				
9	related to the diseas	uting to the death but not se or condition causing death.			<u></u>
UNFADING	19a. DATE OF OPERA- 19b. MAJOR FIND	INGS OF OPERATION		331)	20. AUTOPSY?
DSING		Pib. PLACE OF INJURY (e.g., in or about toome, farm, factory, street, office bidg., etc.)	21c. (CITY, TOWN, OR T	OWNSHIP) , (CO	UNTY) (STATE)
	21d. TIME (Month) (Day) (Year) (E OF INJURY	Bour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY (OCCUR7	
PLAINLY	22. I hereby certify that I attended the deceased from <u>9.1.19.44</u> , to <u>9-11-52</u> , 19, that I last saw the deceased alive on <u>9-11-52</u> , 19, and that death occurred at <u>1015</u> AM from the causes and on the date stated above.				
P.F.	23a. SIGNATURE	(Degree or title)	23b. ADDRESS		23c. DATE SIGNED
	of the am	M.D.		rg, Missour	i 9-12-52
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Breedly) Sept. T	24c. NAME OF CEMETERY	1.	d. LOCATION (Oity, tow	
					Missouri Warrensburg,Mo
	Dept. 12, 1952 Davan	now hertificies	MAKSK	uma gar	mariensburg, MO
	•	(Fictured Impainer,) 20	stement on Reverse Side)	v	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed Sauringe

Student Embalmer

P. O. Address Warrenagen Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No.....

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.